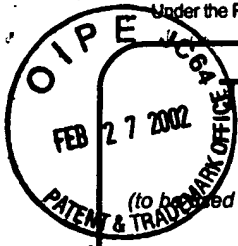


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(to be used for all correspondence after initial filing)

Application Number	09/581,345
Filing Date	September 27, 2000
First Named Inventor	Pastan, Ira H.
Group Art Unit	1642
Examiner Name	Helms, Larry R.
Attorney Docket Number	015280-339100US

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Response to Restriction Requirement and Preliminary Amendment  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Return Postcard
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name	Townsend and Townsend and Crew LLP Laurence J. Hyman		Reg. No. 35,551
Signature			
Date	February 11, 2002		

## CERTIFICATE OF MAILING

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2/11/02			
Typed or printed name	Patricia Andrews		
Signature		Date	February 11, 2002

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SF 1316648 v1

<b>PIPE</b> <b>FEE TRANSMITTAL</b> <b>for FY 2001</b> Patent fees are subject to annual revision. FEB 27 2002 PATENT & TRADEMARK OFFICE	<b>Complete if Known</b>	
	Application Number	09/581,345
	Filing Date	September 27, 2000
	First Named Inventor	Pastan, Ira H.
	Examiner Name	Helms, Larry R.
	Group Art Unit	1842
TOTAL AMOUNT OF PAYMENT (\$)		920
Attorney Docket No.		015280-339100US

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<b>METHOD OF PAYMENT</b>		<b>FEE CALCULATION (continued)</b>					
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:  Deposit Account Number: 20-1430  Deposit Account Name: Townsend and Townsend and Crew LLP  <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>3. ADDITIONAL FEES</b>					
2. <input type="checkbox"/> Payment Enclosed:  <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other							
<b>FEE CALCULATION</b>							
<b>1. BASIC FILING FEE</b>							
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid		
101	740	201	370	Utility filing fee			
106	330	206	165	Design filing fee			
107	510	207	255	Plant filing fee			
108	740	208	370	Reissue filing fee			
114	160	214	80	Provisional filing fee			
SUBTOTAL (1)					(\$)		
<b>2. EXTRA CLAIM FEES</b>							
Total Claims	-20**	=	Extra Claims	X	Fee from below	=	Fee Paid
Independent Claims	-3**	=		X		=	
Multiple Dependent				X		=	
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid		
103	18	203	9	Claims in excess of 20			
102	84	202	42	Independent claims in excess of 3			
104	280	204	140	Multiple dependent claim, if not paid			
109	84	209	42	** Reissue independent claims over original patent			
110	18	210	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)					(\$)		
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				The Commissioner is authorized to charge any additional fees to the above noted Deposit Account.			
				*Reduced by Basic Filing Fee Paid			
				SUBTOTAL (3)			
				(\$920)			

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>			
Name (Print/Type)	Laurence J. Hyman	Registration No. (Attorney/Agent)	35,551	Telephone	415-576-0200
Signature		Date	2/11/02		

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